

FACILITY: Manchester Memorial Hospital

DATE OF VISIT: November 21, 2018

THE FOLLOWING VIOLATIONS OF THE REGULATIONS OF CONNECTICUT
STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES
WERE IDENTIFIED

Approved
12/24/18
KEG

The following is a violation of the Regulation of Connecticut State Agencies Section 19-13-D3 (b) Administration (2) and/or (e) Nursing Services (1) and/or (i) General (6).

1. Based on clinical record review, facility documentation and interviews for one sampled patient (Patient #1) reviewed for abuse, the facility failed to initiate an investigation upon knowledge of an alleged incident of abuse. The findings include:
 - a. Patient #1 was admitted on 10/11/18 at 12:01 PM to the ED (Hospital #2) for complaints of depression and suicidal ideation. The ED clinical record identified the patient was assessed and determined to require further behavioral health intervention. Patient #1 was transferred to Hospital #1's adolescent behavioral health unit on 10/12/18 at 5:40 PM. The clinical record identified the patient was assessed, diagnosed with unspecified depressive disorder, the treatment plan interventions included fifteen (15) minute checks for safety and observation as well as individual and group therapy. Review of the clinical record from 10/12/18 through 10/18/18 identified the facility followed their plan of care, the patient's behavior was appropriate and he/she was discharged home with outpatient behavioral health services on 10/18/18. Patient #2 was admitted to Hospital #1's adolescent behavioral health unit on 10/10/18 for diagnoses of autistic spectrum disorder and depression. The clinical record identified the patient's treatment plan interventions included fifteen (15) minute checks for safety and observation as well as individual and group therapy. Patient #2 was discharged home with outpatient behavioral health services on 10/18/18. In an interview on 11/12/18 at 11:30 AM, the behavioral health unit Clinical Nurse Manager identified a social worker, Social Worker (SW) #1, informed him that an alleged incident of inappropriate contact between Patient #1 and Patient #2 had been reported to SW #1. The Clinical Nurse Manager stated he directed SW #1 to collect more information about the allegation and report back to him. The Clinical Nurse Manager identified he did not receive any other information from SW #1. In an interview on 11/21/18 at 11:40 AM, SW #1 identified Patient #2 had social difficulties with his/her peers and that Patient #1 had voiced concerns of Patient #2's behavior towards him/her. SW #1 stated although there was no documentation the concern was discussed with staff. SW #1 identified an outside clinician informed him Patient #1 stated he/she was inappropriately touched while he/she was at Hospital #1 and a state agency had reported the incident as abuse. SW #1 identified he reported the information to the Clinical Nurse Manager and did not initiate an investigation since Patient #1 was no longer a patient, there was no reason to follow up on the allegation. In an interview on 11/21/18 at 1:30 PM, the Director of Behavioral Health identified he became aware of the alleged incident reported by Patient #1 when this surveyor notified them. The Director of Behavior Health identified upon receipt of an allegation of abuse an investigation should be initiated even if the patient is no longer at the facility.

Action Plan:

- On 11/26/18 the Inpatient Nursing Director met with Nurse Manager and social worker of Adolescent program to remind them that, allegations such as this need to be reported to the management team as well as Quality and Risk so a thorough investigation can be initiated.
- On 11/26/18 an email message was sent by the Geri/Adolescent behavioral health unit Nurse Manager to all staff requiring 100% compliance for all staff to read and sign to acknowledge an understanding of

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CPM 14.70 Child abuse, adult abuse, domestic violence, elder abuse policy and the statement, "If any allegation of abuse/neglect is reported to you, you must immediately report it to your direct supervisor. Direct supervision should report to manager/director of unit and it should be reported to quality and risk and an investigation should begin immediately".

- Effective 1/2/19, the daily safety huddle form will include asking if there were any reports or allegations of abuse.
- Effective 1/2/19 the daily safety huddle report will be reviewed and any reports or allegations of abuse will be entered into the internal reporting system for review by Quality and Risk.

Person Responsible:

- The Nurse Manager of the Geri/Adolescent Behavioral Health unit will be responsible for ensuring compliance with this plan of correction.

Audit:

- Audits will be conducted at least monthly for three months to compare any reports or allegations of abuse noted on the daily safety huddle forms with the internal reporting system documentation of any reports or allegations of abuse to ensure timely reporting/investigation.

Date of Completion: March 30, 2019



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December 24, 2018

Karen Gworek, R.N.
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Facility Licensing and Investigations Section
State of Connecticut
Department of Public Health
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Hartford, CT 06134

Dear Ms. Gworek,

Pursuant to the Department of Health's letter of December 19, 2018, relating to the visit made to Manchester Memorial Hospital on November 21, 2018 a detailed Plan of Correction is attached to address the alleged violation.

The filing of this does not constitute any admission as to any of the alleged violation set forth in the statement of deficiencies. The Implementation Plan is being filed as evidence of the facility's continued compliance with all applicable laws and the facility's desire to continue to provide quality service.

Please contact Kathleen Davis, Vice President of Quality & Safety, at (860) 533-3432, with any questions or concerns.

Respectfully,

A handwritten signature in black ink, appearing to read "Michael Collins", is written over a light blue horizontal line.

Michael Collins
Chief Executive Officer

cc: Kathleen Davis

Encl.